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ABSTRACT

This guide is designed to help readers understand loss and grief, and to sensitively respond to the grief of others. Although emphasis is on losses experienced in later life, most information is equally applicable to grief throughout adulthood. A section on understanding loss in later life lists a number of losses that are associated with aging. The grief process is explained in the next section, followed by a section on accepting the reality of the loss. A section on experiencing the pain notes physical, behavioral, emotional, cognitive, and spiritual responses to grief, and discusses anger, guilt, and loneliness. The next sections focus on adjusting to the changes that accompany loss and the reinvestment of emotional energy. A section on influences that affect the impact of loss discusses the significance of the loss to the person and considers characteristics of the loss. The section also considers a person's ability to cope and the role of social support. The next section explains how to help someone who is grieving. A sidebar offers simple guidelines for writing a condolence note. A brief summary is followed by a list of publications for further readings on the topics of loss and grief. (NB)

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LOSS AND GRIEF IN LATER LIFE

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CONTENTS

Introduction	3
Understanding Loss in Later Life	4
The Grief Process	6
Accepting the Reality of the Loss	7
Experiencing the Pain	8
Adjusting to the Changes	13
Reinvesting Emotional Energy	14
What Influences the Impact of Loss	15
Helping Someone Who is Grieving	21
Summary	29
For Further Reading	30

LOSS AND GRIEF IN LATER LIFE

V.L. Schmall

Mrs. Barker's health is failing. She must sell her home of 50 years and move to a care facility.

Mr. Finch, 78, has to quit driving because he no longer sees well. Driving has meant freedom, mobility, and independence for him. Public transportation is not available where he lives.

Mrs. Tennyson, 70, has experienced several deaths over the past 2 years—her husband after an extended illness, two close friends, and her dog. She says, "My world has collapsed."

Mr. Johnston, 60, was forced to retire because his position was terminated. He says, "My work has been my life."

Mr. Veal, 68, who recently had a stroke, says to you, "How does it feel to meet half a man?"

Mrs. Kroon, 87, lives in a nursing home. She is devastated because she can't find her most valued possession—a necklace her husband gave to her on her wedding day 63 years ago.

All of these situations involve a loss. Although the death of a loved one generally is considered the most difficult loss, we grieve whenever we lose something significant and in which we have invested ourselves—our time, energy, affection, money, or dreams and hopes.

Most people cope well with loss. Some even report experiencing personal growth and learning new skills. Other people are devastated and have great difficulty adjusting—sometimes for years. Some may never have coped well with loss or lack the resources to cope with such changes.

This publication is designed to help you understand loss and grief, and to sensitively respond to the grief of others. Although emphasis is on losses experienced in later life, most information is equally applicable to grief throughout adulthood.

Vicki L. Schmall, Extension gerontology specialist, Oregon State University.

UNDERSTANDING LOSS IN LATER LIFE

Loss is a common experience for many older people, particularly as they become older and more frail. Some losses often related to aging are:

- death of a spouse
- death of friends
- loss of job through retirement
- loss of roles
- loss of health
- loss of control and decision-making
- loss of home and community through a move
- loss of a body part
- loss of the ability to drive
- loss of independence
- loss of status in a youth-oriented society
- loss in the ability to see or hear

While these losses can happen at any age, they are even more likely in the later years. On the average, older adults experience more losses than other age groups. Frequently, losses occur in rapid succession, with one loss triggering others.

Think about the situations at the top of page 3. What additional losses might these people experience as a result of the major losses described?

A change in living arrangements, no matter how practical, can be difficult. In addition to losing a home, a move to a care facility or a relative's home may mean losing familiar surroundings, long-time friends, and possessions, and having less control over one's environment and schedule.

Loss of eyesight and being unable to drive often means having to rely on others. This can be particularly difficult for the person who has always taken pride in being self-sufficient.

Retirement can have a tremendous impact on self-esteem for the person whose work was a primary source of identity and worth. Retirement also may mean a loss of status, friends, and routine, as well as reduced income.

People's belongings are a part of who they are. To lose something of sentimental value, even if it is worth very little money, can mean the loss of a symbolic tie to a significant time, place, or person. Possessions tend to support our memories.

The death of a pet also can be very traumatic. Pets are "family" for some older people. And, unfortunately, as one person said, "Society doesn't support pet loss as it does human loss. If your aunt dies, you can take a day off from work, but you can't take a day off from work because your pet died." When a loved pet becomes ill and the person cannot pay for the needed care, guilt may be a predominant emotion.

Because loss is a common theme in later life, it's important to understand its potential significance, to be able to identify the subtle as well as the dramatic losses older people experience, and to recognize when a person's behavior may be a response

to such losses. Mental confusion, disorientation, and withdrawal can result when an older person experiences emotional overload imposed by losses.

Certain losses are obvious. However, the cumulative effect of many gradual and more subtle losses can be equally difficult for an older person.

Over the past few years, Mr. Stevens, 77, has lost his hearing. He finds it difficult to be in large groups. Even at family gatherings he feels like an "outsider." He doesn't hear the jokes, but sees everyone laughing. The highlight of his week had been card games with four former work buddies. While working they played monthly, but when they all retired 15 years ago, they started playing weekly. Four months ago, they abandoned the group when one man (Mr. Stevens' best friend) was placed in a care facility; the failing eyesight of another made playing difficult; a third player frequently missed the weekly game because of his wife's illness.

Maggie, 83, says that one of the most difficult adjustments for her has been "not being able to count on my body." Her fingers, gnarled by rheumatoid arthritis, are no longer able to do the fine stitchery that has always been her pride. Painful joints make it difficult to move. She hesitates to leave her home unless she is sure she will be near a bathroom. She fears another episode of incontinence, which she experienced recently at a shopping mall.

Sometimes when we think an older person needs to make a change, for example move to a retirement home or give up driving, we feel the change is "for the best." Even when this is true, it doesn't mean the change is easy. The older person generally feels a sense of loss, a loss which needs to be acknowledged by others. All too often the sense of loss is not acknowledged because others are focused on the change as only "being for the best."

THE GRIEF PROCESS

Grief is perhaps best described as a long roller coaster ride that gradually levels out. It does **not** have a set of rules. No timetable can be put on the grief experience. The time needed for this process of adjustment varies from person to person.

There is no one "normal" or "right" way to grieve. Just as we live in different ways, we grieve a loss in different ways. A variety of feelings and behaviors may be experienced. One person may have an outpouring of tears. Another might show no emotion yet feel just as much pain. When people do not understand these differences, misunderstandings can occur between family members and between friends. One 76-year-old woman wrote:

> *For awhile I would write to my son in California to inform him about what I was experiencing as he is not here to see or talk. But I cease now because he rebukes me for my grief.*

It's often difficult for family members to support each other when each person is grieving. Communication with each other and respect for each family member's way of grieving are important to coping and growing as a family through grief.

While the experience of grief is unique for each person, there are common reactions. Knowing them can be helpful. Although there are several ways of looking at the grief process, a person must accomplish four tasks to regain balance in life:

1. Accept the reality of the loss.
2. Experience the pain of grief.
3. Adjust to the changes.
4. Withdraw emotional energy from what was lost and reinvest it in people and/or other activities.

(Adapted from *Grief Counseling and Grief Therapy*, by J.W. Worden)

If the grieving process is blocked or avoided, further growth can be impaired and the person can become physically and/or emotionally ill.

ACCEPTING THE REALITY OF THE LOSS

The first task a person faces following a significant loss is accepting the reality of that loss. The first reaction generally is shock and disbelief, a feeling "this cannot really be happening." As one person said, "Everything inside shouts 'no.'" Following a stroke, another person said, "I thought it was a nightmare from which I would awaken." It's natural not to accept a significant loss right away. Also, with a loss of health—for example, from a stroke—the extent of the loss may not be known for a period of time.

People are emotionally numb, temporarily anesthetized. This numbness is said to be nature's way of helping us through an experience that otherwise would be overwhelmingly intolerable and painful. It serves to deaden the pain and give us time to absorb what has happened, mobilize our internal resources, and prepare for the difficult times ahead.

During this period, people often function in a robot-like manner. They may feel detached from events happening around them and almost "out of their body," as though they are observing what is going on rather than experiencing it. Therefore, it's a mistake to judge that someone is doing just fine because he or she appears composed shortly after a major loss or at the time of a funeral. The real anguish and distress may have not yet begun, or simply may not be obvious.

Shock can even be experienced when a loss is anticipated or considered a "blessing," such as when a family member dies after a long illness or after suffering intense pain. Following the death of her mother, who had Alzheimer's disease, a daughter stated, "Even though I had expected Mom to die for 2 years, I was stunned when she actually died. It was a week before I absorbed the details. We're never quite ready for this step in life."

Shock, disbelief, and denial last for varying amounts of time—from minutes to weeks—for different people. Generally, the more traumatic and unexpected the loss, the more likely a person will deny its reality. Feelings may fluctuate between denial and open awareness. Six months after the death of her 80-year-old husband, Martha wrote:

> *The latest event or change in mood for me is to realize I am a widow for life. Anyone could say, 'How stupid can you be? Everybody knows that.' But it just comes over you.*

People need adequate time to face the reality of their loss. Funerals, memorial services, and viewing the body are all ways of reinforcing the reality of a death. They also create a climate for receiving support from family and friends.

Some people refuse to believe that a loss is real and become stuck in this part of the grieving process. They may deny the facts of the loss, its meaning, or that the loss is irreversible. If this type of behavior continues, professional help may be needed to help the person become "unstuck" and move through the grief process.

EXPERIENCING THE PAIN

As the numbness lifts, the reality of the loss makes its impact. The person experiences anguish and emotional pain. The pain comes from the growing awareness of the finality of the loss—the unused pillow, the missing telephone call, the inability to use one's arm, the inability to return "home." Although not everyone feels the same intensity of pain or feels it in the same way, it's nearly impossible to lose a loved one or experience a significant loss without feeling some level of emotional pain.

It may appear as though the person is "getting worse." Be aware this is often due to the reality of the loss hitting the person weeks or months after the loss has occurred. It's when this reality sets in that support is most needed. Yet, support is often less available.

One of the biggest obstacles to moving through grief for many people is their efforts to avoid the intense emotional pain. Yet, pain activates the other parts of the adjustment process. People need to feel and work through this pain so they can better manage their grief and go on with other aspects of their lives.

All kinds of emotions may grip a person at one time or another. There may be erratic shifts in mood. The feelings can be confusing to the person and to those who try to help. In talking about the grief she experienced following her daughter's death, Anne, age 74, said:

> *I felt angrier than I had ever felt and sadder than I had ever thought possible. My thoughts were frightening—I wanted revenge. I felt I was losing my mind and going crazy.*

People sometimes feel they are losing their mind. Some widows call this a "crazy" period during which they may have displayed out-of-character behavior or had "bizarre" experiences. For example, Bobbie wrote:

> *I was in the mall one day and saw Red walking ahead of me. It was a white-haired man of his build, wearing a one-piece brown romper like Red always wore. It startled me for a moment . . . and I did have to walk closer to see his face.*

Mary said:

> *I was sure I was going crazy when I awoke in the night and 'saw' my husband, who had died, sitting at the edge of my bed and telling me 'everything will be all right.'*

Many people who have lost a loved one also report receiving comfort from such experiences. Such feelings and experiences are common. As long as they occur for a limited time and are not disruptive to the person's health and well-being, they are not harmful. If such behaviors become exaggerated, prolonged, or disruptive to

relationships, then professional counseling is generally necessary to help a person to move forward.

Wishful thinking is common. The person may explore fantasies of restoring the loss—being able to return home when it's not possible or driving again, even though legally blind.

Responses to Grief

Grief causes tremendous turmoil in every aspect of life and involves a wide range of physical, emotional, and spiritual responses. Many people find themselves overwhelmed and frightened by the feelings, thoughts and emotions. Any of the following can be characteristic—and are normal.

Physical

Reactions to grief can cause physical symptoms. Our bodies "feel" the emotional loss. Many older people actually will hurt rather than complain of emotional pain.

- Knot in the stomach
- Changes in appetite
- Tightness or lump in the throat
- Frequent sighing
- Shortness of breath
- Tightness in chest
- Fatigue or lack of energy, unrelieved by sleep
- Muscle weakness
- Dry mouth
- Nausea, diarrhea, indigestion
- Feeling "hollow" or "emptied out"
- Feeling weak or faint
- Headaches
- General achiness
- Oversensitivity to noise

Behavioral

- Being immobilized, unable to act
- Restless overactivity (unable to sit still or stay with a task)
- Forgetfulness
- Sleeplessness or oversleeping
- Unable to begin and maintain normal daily activity
- Lack of motivation or energy
- Crying, sobbing (often at unexpected times)
- Talking to the person who has died
- Social withdrawal

Feelings

- Shock, numbness, disbelief
- Anxiety, panic
- Anger
- Guilt
- Intense sadness

- Depression
- Helplessness, powerlessness
- Everything is unreal, feeling detached
- Fears: of "going crazy," of the future
- Envy of others who have not experienced a loss (still have their spouse, their home, their health)
- Relief (that the person's suffering is over; burden of caregiving is over)
- Loneliness
- Indifference

Thought patterns

Many different thought patterns occur during grief. When not understood as normal, some people fear they are going crazy.

- Denial (difficulty believing the loss is real)
- Poor concentration
- Disorganization
- Confusion
- Preoccupation with the loss and/or circumstances surrounding it
- Seeing or hearing the person who died
- Dreams (about the loss)
- Repetition (retelling details about the loss over and over or thinking about it as if replaying a tape)
- Yearning and longing for person who died or for "what was"

Spiritual

- Anger directed toward God, clergy or religion in general
- Consolation provided by belief or scripture
- Examining the meaning of life
- Seeking meaning in the loss itself
- Doubts
- Strengthening of beliefs
- Wavering of faith
- Searching for evidence of afterlife
- Change in priorities (such as increased or decreased tolerance for minor irritations in life)

Not all of these responses will be experienced by every person. Symptoms will vary by individual and the nature of the loss. Most important is to understand the wide range of responses that are "normal," and allow their expression. We also can provide reassurance to those people who may be disturbed by their reactions.

Everything may seem to be a reminder of the loss. Those who have lost a spouse often notice every couple holding hands. Happy people may seem to be everywhere,

which intensifies the sense of isolation. Such feelings are typical.

Anger and guilt are emotions that tend to be particularly difficult. Both are quite common. It's important to remember that feelings are neither right nor wrong, good nor bad; they just *are*.

Anger. It's common to feel anger when we lose something important. Anger usually results from frustration and may range from mild to rage. Anger is caused by a profound sense of injustice—"What did I do to deserve this? It's not fair"—compounded by not being able to control what happens.

Fear about the future often gives rise to anger. Sometimes anger is directed towards oneself: "If only I hadn't done this, I wouldn't have been fired." "If we hadn't fought before he left the house, maybe he wouldn't have had the heart attack."

Anyone can be the target of the anger, even though a person hasn't done anything to deserve it. It's common to look for someone or something to blame. Anger may be directed toward doctors, God, family members, or the person who died.

Anger at the deceased is not unusual. "How dare you leave me!" Sometimes people feel guilty or that they are "awful" people if they feel anger toward a person who died. Feelings of desertion, deprivation, and resentment are to be expected.

Expressing the anger usually relieves the anguish. Bottled-up anger festers and generally will be expressed in negative ways such as poor performance or relationship problems. If anger is turned inward, help may be needed to prevent the person from sinking into depression or engaging in self-destructive behavior.

Efforts to comfort may be met with intense hostility. In *Healing Grief*, Jensen states, "Terrible grief demands a scapegoat. Even good relationships can suffer stress from this anger." If anger is expressed effectively, it clears the air, changes the situation and feels good. If expressed without resolution, the anger may be simply reinforced and strengthened.

Guilt. There is frequently some sense of guilt. People often think of the many things they felt they could have or should have done. Feelings of guilt, regret, and self-reproach are common. The person may search for evidence of his or her neglect or responsibility for the death or loss. Feelings of guilt following a suicide often are the strongest and most overwhelming because there are so many unanswered questions. If guilt feelings are not resolved, they can be harmful physically and mentally.

A man diagnosed with cancer says, "If only I hadn't smoked, then maybe . . . " The woman whose husband has died thinks, "If I had only forced him to go to a doctor when he wasn't feeling well, then maybe he'd be alive today."

Most guilt is largely irrational, but people need help to shed the feeling that what happened was their fault. The person needs a trusted friend who will listen patiently to how he or she feels.

Sometimes guilt arises from feelings of relief—for example, when a family member

dies after a long illness. If a relationship has been stressful or restrictive, death can be a relief. Survivors may experience a feeling of shame or guilt because they feel relieved, and find it difficult to express their feelings. Feelings of relief do not mean we loved the person any less. For the person burdened by guilt, professional counseling often is needed.

Loneliness. Loneliness and sadness tend to be the longest-lasting feelings of grief. A feeling of emptiness is common among the recently widowed, especially when family and friends have returned home. Evenings and weekends can be particularly lonely. Everything seems magnified at night. One woman, following the death of her husband after a long illness, said, "I don't know which is worse—having him sick or being lonely."

Loneliness frequently is intensified by poor health, which limits the person's opportunity to get out and interact with others. But loneliness is not managed simply by being surrounded by other people. As one 72-year-old woman said, "I am lonely, but I am not alone."

Remember, the most difficult aspects of grief occur once the numbness of the loss wears away—ironically, at the same time, support usually declines. Experiencing the pain is what has to happen for people to separate from the emotional energy they have put into the person, job, home, or whatever it is they have lost. This must happen before they are able to "reinvest" in life.

ADJUSTING TO THE CHANGES

Loss confronts people with new demands. Adjusting successfully involves restructuring one's life to accommodate the changes, adapting to secondary losses, learning new skills, and sometimes taking on new roles.

A person's ability to cope depends partly on accepting the changes and challenges. This may mean coming to terms with living alone; managing finances; making major decisions; and taking on the housekeeping, shopping, food preparation, and laundry. If the person had relied on his or her spouse to maintain relationships with adult children, relatives and friends, he or she now may have to learn to reach out to maintain and develop relationships. George wrote to his daughter:

> *Mercy! It is surprising about incidents as I go along. As I begin to write this card suddenly from nowhere the thought rings me, if Millie were here, she would be writing this note!*

For the person who has lost the use of his or her legs, it may mean learning to live life from the wheelchair. After cancer surgery in which her voice box and part of her windpipe were removed, Sandy wrote:

> *I now breathe, cough, and sneeze through a hole in my throat. It was a terrible blow, and it's taking some adjusting not to be able to talk considering how I was always running off at the mouth. It's been a tough time . . . but I am adjusting to this change in my life.*

The person may need concrete direction to get out of the house, to develop new skills, or to get involved in new activities. Most older people adjust to the changes quite successfully, and frequently report developing new strengths, sensitivity, and independence as well as feeling better about themselves.

Failure to accomplish this task may result in helplessness, overdependence on others, social withdrawal, and/or the inability to cope.

REINVESTING EMOTIONAL ENERGY

One benchmark that grief is being worked through is when the person is able to think about the loss without the "stabbing pain" and can reinvest his or her emotions back into life. This phase begins slowly, usually after several months or sometimes even longer. The person begins to feel a sense of renewal and may feel, "It's time for me to move on."

During acute grief most of the person's energy is turned inward. In this phase, the person begins to turn outward again. New friendships may be developed, previously enjoyed activities resumed, or new activities undertaken. Emotional balance returns. This may occur in a few months, or not for 2 years or longer. Lynn Caine in*Widow* described this phase for herself:

> *I wanted to taste life again. To live, to work, to love. Suddenly, I was impatient with my whole life . . . More and more I wanted to clear away the worries and problems. There were days when I felt more whole, more capable than I ever had been in my whole life.*

Successful adjustment to the death of a loved one or other loss does not mean the person becomes the "same old self again." The person can become whole, but is changed by the experience. Caine continues:

> *Acceptance finally comes. And with it peace . . . Today I am more independent. I have more understanding, more sympathy. I have a quiet love for Martin. I have passionate, poignant memories. He will always be a part of me . . . but Martin is dead. And I am a different woman. And the next time I love, if I ever do, it will be a different man, a different love.*

Anxiety and guilt may reappear, especially for the person whose spouse has died. Guilt may be felt for again enjoying life, being happy, or loving another. Some people feel withdrawing their emotional attachment from the deceased means dishonoring the person's memory. Sometimes others will give such messages.

Some people are afraid to reinvest their emotions in another relationship because they don't want to experience the pain of "losing again." Encouragement, support, and permission to "live and love again" can be particularly helpful.

When these grief tasks are not completed, a person's further growth can be impaired. Successful grief work requires time, effort, and energy on the part of the person experiencing the loss. Time alone does not heal. For some older people, however, there may not be the time, energy, or mental capacity to cope with the loss. Or, they may have outlived the people who provided support to them during difficult times. Even when a person has made a successful adjustment, there can be times and events when sadness will be triggered—going by the home you were forced to leave, seeing a car like the one you had been forced to give up, seeing someone who experienced the same medical problem but has fully recovered and you never will, looking through photo albums, or hearing a certain song or smelling a certain cologne that you always associated with your spouse.

WHAT INFLUENCES THE IMPACT OF LOSS

Although it's difficult to know who will cope well with loss and who will have difficulty, a person's ability to cope tends to be influenced by several factors. Considering these factors can help determine the impact a loss is likely to have on a person, the intensity and length of the grief process, the assistance the person may need, and the degree to which the person may be at risk for problems. Four major factors are:

1. Significance of the loss
2. Characteristics of the loss
3. Person's ability to cope
4. Social support

As you think about helping a person who is grieving, consider the many variables which come into play in that person's situation.

Significance of the Loss

Generally, the more important a person, object, or activity, the more profound the sense of loss and the more intense the grief. For example:

- Sam, whose identity and status was closely tied to his work, experienced a stronger grief reaction to retirement than Joe, who was not dependent on work for identity and self-esteem.
- Marcelle had great difficulty moving from her home because of her strong attachment to it. "It's where John and I lived during our 40 years of marriage, where I raised my children." Ruth, on the other hand, viewed her home as "keeping me tied down."
- Sherm grieved profusely following the death of Ryder, his dog, saying, "She has been my primary companion and "my best friend." Grace, Sherm's wife, had no difficulty with Ryder's death, primarily because she viewed Ryder as "just a dog."
- Mrs. Simpson's marriage had been an unhappy one with few, if any, rewards. She had remained married only because she felt she had no other choice. When her husband died she felt "released from that man's selfishness." For Mrs. Creston, however, her husband's death meant she lost not only her husband, but also her best friend and companion.

The ending of an unhappy relationship can be even more complicated to resolve than the loss of a relationship filled with happiness. Why this is true is not entirely clear. Some spouses who viewed their marriages as unhappy report missing the arguments with their deceased spouses and having their spouse around. It may be difficult to understand these reactions; however, such responses are common. It's important to support these feelings by listening. Be cautious about remarks such as "He was awful to you. You're better without

him." Even though this may seem to be true to you, the person may not feel this way.

High dependence on what was lost tends to complicate grieving. The wife who has always depended on her husband for emotional support, to make decisions, and handle the finances is likely to have more difficulty with the grieving process than a more independent woman.

High ambivalence can make the grief process more difficult. A person may idealize, put the deceased on a pedestal, and recall memories as being better than they actually were. The person who died may become bigger in death than in life.

Characteristics of the Loss

A person's reaction may be affected by whether the loss was unexpected or anticipated, the manner in which the loss occurred, and the perceived timeliness of the loss.

Natural versus unusual circumstances. A violent death generally provokes the most traumatic grief. Adjustment and acceptance are more difficult for survivors. In drunk driving crashes, the fact that someone chose to be negligent or reckless can be difficult to understand.

Suicide is particularly difficult for survivors because there tends to be many unanswered questions. Feelings of guilt often are strong and overwhelming. Survivors may feel guilty for not being aware the person was contemplating suicide ("Why did I not see the signs or take him seriously when he said . . . "), for not fulfilling the needs of the deceased ("What' did I do or not do that caused her life to be so unbearable that suicide was seen as the only way out?"), for not having done something differently ("Did I do all I could?"), or for feeling relieved after an ordeal of suicide threats and attempts. Family and friends often assume responsibility for an action over which they had no control.

Unexpected versus anticipated. A sudden and unexpected loss initially leaves people more vulnerable than an anticipated loss. Imagine the different reactions to:

- A spouse dying suddenly from a massive heart attack versus dying after a lengthy illness.
- Losing your home following a fire versus leaving it because you can no longer keep it up.
- Having to move to a care facility following a major stroke versus moving as a result of a gradual decline in functioning.
- Waking up in the morning and not being able to see versus losing your vision over several years.

A sudden and unexpected loss is often associated with longer-term distress. It's generally more difficult to accept what has happened and to adjust. And it's often more difficult for a person to find meaning in what has happened.

When a loss is expected, a person may go through "anticipatory grief," a psychological preparation for the loss before it actually

occurs. For example, one woman who cared for her husband who suffered from amyotrophic lateral sclerosis (ALS) said: "With every loss in his ability to function, I experienced a little death . . . and so did he."

When a loss is anticipated, grief tends not to be as intense as when it's sudden. Although still painful, an anticipated death provides opportunities to address unfinished business and to express feelings of love and forgiveness. With an unexpected death, there is no chance to say "Good-bye," "I'm sorry," or "I love you."

Although anticipation may diffuse some of the shock, most of us do not fully prepare for a loss, even when it is expected. At the time of the actual loss, acute grieving generally occurs. A prolonged terminal illness in itself does not necessarily prepare a person psychologically for a loved one's death. As one man said following his wife's death, ending a 2-year battle with cancer, "I'd known for months she was dying. Yet, when the end finally came I reacted with 'Oh, no! She can't be dead.' You think you prepare yourself, but you don't."

A lengthy illness and long-term caregiving also can wear down the survivor and make grief more complicated. Margaret said:

> *My husband required 24-hour care from me for nearly 4 years. During that time, I only left our home to get the necessities—food and his medications. My life revolved around caregiving. When he died, I was worn out not only physically and emotionally, but I had no life outside of caring for Jim.*

Timeliness. Grief is likely to be longer-lasting when a loss is viewed as untimely and "out-of-sync" with the expected rhythm of life. Events viewed as "on time" or "to be expected" tend to have less impact on our sense of well-being. When a loss is viewed as appropriate (for example, an adult child leaving home), the adjustment is generally easier.

We usually have certain expectations as to when negative events should occur in the course of our life. For example, when do you tend to expect

- . . . people to die?
- . . . health to decline?
- . . . adults to need assistance with personal care activities such as bathing, dressing, or eating?
- . . . a person's mental abilities to decline?

For most people, the answer to the above questions is "in old age." In general, we tend to view the death of an older person as less traumatic than the death of a child or young adult. A stroke, chronic or disabling condition, disfiguring surgery, or a terminal illness is often considered less traumatic in later life than earlier. When this order is disturbed, as when a 40-year-old has a stroke, the grieving process can be more difficult and prolonged.

The 70-, 80-, or 90-year-old person, however, may not view the death of a

spouse, the loss of health, giving up driving, or having to depend on others for assistance as any more "timely." The sense of loss and grief can be just as intense as if it had occurred earlier in life. Yet, we sometimes expect an older person to have an easier adjustment, and we may not give the same attention to the person's sense of loss that we would give to a young person. Words such as, "He had such a long life," or "Be thankful for the many years you had together," may be no more comforting to a surviving spouse who is 78 than to one who is 38.

The death of a son or daughter is one of the most difficult losses for most people whether the child is 5 or 70 years old. Regardless of age, as parents we expect our children to outlive us. In addition to its emotional impact, the death of an adult child may leave the older person without his or her primary source of support. Now that many people live into their eighties, nineties, and beyond, it is no longer unusual to outlive one's children in addition to one's spouse and friends. Pat said:

> *My mother and I were close. When she died 5 years ago, it was really hard. Even though she was 92 and I was 67, I felt orphaned . . . but I also expected that someday I would be at her funeral. But what I never expected was to bury my son, who died 2 years ago at age 47 from a heart attack. He should have buried me. I realized my parents belong to the past, but I never pictured a future without my children.*

Jack said:

> *My wife and I had a child die 40 years ago when he was age 3. The death of Mary, our oldest child, at age 52, last year is just as difficult and I think even more so. It doesn't matter how old a child is when death occurs . . . It feels terribly wrong for your child to die before you die.*

Sometimes older persons feel guilty when a son, daughter, grandchild, or other young family member precedes them in death. Following the death of her 23-year-old grandson, Marsha wrote: "Why didn't God take me? It's better I should have died."

Permanent versus temporary. A loss viewed as temporary—a temporary paralysis of one's arm or a temporary stay in a nursing home—is easier to adjust to than when the change is permanent.

A death is generally more difficult than a temporary separation. The most difficult separations, however, tend to be those in which the "ending" is not known—when a son is missing in action, a grandchild runs away from home, a spouse with Alzheimer's disease walks away and is not found, or families are separated during war.

Multiple versus single loss. Multiple losses can severely strain a person's ability to cope. As one person said, "When you have a

series of losses, it's like a physical wound in which the scab continually gets pulled off." A person's physical and emotional resources can become depleted, resulting in "bereavement overload," a circumstance in which a person experiences consecutive losses, preventing him or her from adequately working through the grieving process for each.

Older people are more likely to experience bereavement overload. Their losses often are multiple, and their opportunities and resources for replacing losses generally far fewer than for younger people. One loss often can initiate a chain reaction—a loss of health may mean giving up driving, having to rely on others for assistance, or moving from one's home.

Even persons who have coped successfully with earlier losses may experience a profound grief reaction when losses begin to "pile up." Feelings of helplessness and powerlessness often are increased when numerous losses are experienced. Some negative or difficult behavior often thought to be associated with old age actually may be the result of bereavement overload. The emotional overload imposed by numerous losses can result in mental confusion, disorientation, and withdrawal.

Person's ability to cope

A person's previous style of dealing with crisis and loss will influence how he or she copes with current loss. People who have a history of poor coping strategies tend to have a more difficult time.

If a person has dealt with previous life crises by using drugs or alcohol, seeking distraction, or running away, the tendency is to use these same strategies when a new loss is experienced. People who have a history of depressive illness or who are in poor health are particularly vulnerable to negative health consequences.

People who have low self-esteem tend to have greater difficulty coping with loss. They are more likely to feel they deserve the emotional pain and are less likely to engage in activities to mobilize their resources and change their circumstances. In general, people who feel good about themselves make efforts to adjust and to find ways to manage a difficult situation. One of the best ways to enhance self-esteem is to learn needed skills.

Social support

Social isolation makes adjustment more difficult. A person who does not have the support of at least one other person faces the greatest risk of complicated and prolonged grief.

People with a close network of friends and relatives to share their grief tend to cope better. Just one supportive person who is a good listener can help ease the pain.

Some older people do not have a strong support system because they never built supportive relationships. Others may have outlived family and friends with whom they have had the closest relationships. Members of the older person's support

system may be in poor health or experiencing life changes which limit the support they can provide.

A common myth is that people who have a strong religious faith are less likely to grieve following a loss and do not need support. Faith can be a powerful coping tool by providing some meaning to a loss. However, faith is not a substitute for social support or for grief itself. One person said, "My faith helped me to get through the pain. It gave me hope and strength. And through prayer, I felt support." Another person said, "My faith didn't help me. I felt God had deserted me."

How seriously will a loss affect a person?

Yes	No	
❑	❑	Is the loss permanent?
❑	❑	Was the loss traumatic and unexpected?
❑	❑	Has the loss caused a major disruption in the person's life?
❑	❑	Has the person's identity, sense of security or self-confidence been affected?
❑	❑	Was the person in poor health before the loss?
❑	❑	Has more than one loss occurred at the same time or close together?
❑	❑	Has it been difficult for the person to cope with losses in the past?
❑	❑	Is the person coping alone with his or her loss?
❑	❑	Are additional changes likely to be triggered by the loss?
❑	❑	Are there severe financial problems as a result of the loss?

The more questions you answered "Yes," the more difficult it is likely to be, and the longer it is likely to take, for the person to cope with the loss.

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HELPING SOMEONE WHO IS GRIEVING

Have you felt uncomfortable and awkward in the presence of someone who experienced a significant loss? Did you ever avoid the person because you did not know what to do, what to say, or how to comfort the person?

Such feelings are common. It's far better to reach out than to do nothing. It hurts to be avoided, to be abandoned. According to a psychologist who studied men and women who had cancer, almost every person had a friend who never called them again after hearing about the cancer—who disappeared like the person never existed. Loss of contact with family and friends is yet another loss which adds to the experience of grief.

Helping a grieving person has nothing to do with "making it all better," "taking away the pain," or "fixing it." You can't take away the pain or protect the person from it. People have to experience the pain to get through it and come out healthy. Your goal is to assist the person to work through the pain and feelings associated with the loss. Your efforts will make a difference, even if at times it may not seem so. Here are ways you can make a positive difference.

COMMUNICATE CARING

Words aren't necessary to communicate that you care. Your presence, a hug, caring touch, or an arm around the shoulder can give comfort and a sense of understanding. It doesn't matter so much what you say or do, but that you are there. Simply saying, "I care," or "This must be painful" is enough.

If you live at a distance or are not emotionally close to the person, send a written note. Such notes can be read again and again and be an important source of support. Recalling special memories, a shared event, a special quality of the person that stands out in your mind, or how the person touched and influenced your life can be particularly meaningful and comforting to survivors. For example, "I'll never forget the time . . . ," ". . . meant so much to me because . . . " or, "There will never be anybody with Mary's ability to . . . " Curt wrote to the wife of a friend:

> *Once in a while, as we rush through life, we receive the exquisite, wonderful blessing of sharing a few memorable experiences with another human being. These are people who accept and love us in return, unconditionally, even though aware of our real and perceived feelings. What a rare and beautiful gift that your husband was one of these people, the only man I have ever been blessed to know with whom I could share my deepest, personal ghosts.*

BE A GOOD LISTENER

A good listener does just that—listens. It's more important to listen than to talk. People who have experienced a loss need someone who will listen with acceptance, allowing them to express whatever they feel. As one woman said, "You need ears and

shoulders." Expressing thoughts and feelings helps to reduce the emotional pain.

People often need to tell and retell their story without fear of correction or contradiction. This is part of the adjustment process and helps people to make the loss real, clarify feelings, put the loss into perspective, and accept it. You can encourage the person to talk by saying, "Tell me about it," "Would you like to talk?" "How are you feeling about it?" Don't try to change the subject or divert the person by talking about something else. Following her divorce at age 65, Katherine said:

> *I was angry. After all these years of marriage, he divorced me for a younger woman just when I expected we would be traveling and enjoying life together. I really appreciated my friend who let me be angry and didn't try to 'fix it'. She was there to hear me out and just be with me.*

The impact of someone "just listening" is exemplified by this letter from Juliet to a friend who spent the afternoon with her following the death of her husband:

> *When you arrived today, I said, 'My legs will hardly carry me. They feel like cement.' Well, my dear, discover the delight after you left—my legs did not ache and they* do *carry me easily.*

Most important is *not* to judge the person's feelings. It's also important to be comfortable with silence—it signifies acceptance. If the person doesn't feel like talking, don't force conversation.

Acknowledge the person's feelings

Allow the person to say how rotten or angry he or she may feel. Do not try to talk the person out of his or her feelings. Do not say, "You shouldn't (or don't) feel that way," "You shouldn't talk like that," "You don't mean that."

Feelings are real. People need to tell how badly they feel and know they won't be rejected. This helps them work through the grief.

Provide reassurance that feelings are normal. Your calm acceptance of expressions of anger, hostility, or profound sorrow is one of the most helpful forms of assistance. Do not take expressions of anger or hostility personally or react with anger.

If you can, help the person to express his or her anger without directing it toward people. Anger needs to be discharged, but it can create greater problems when it is directed at others or inward toward oneself.

When the person is struggling with guilt, do not say, "You shouldn't feel guilty," or argue about whether the feelings are justified only inhibits the grief process. It's best to encourage the person to talk about such feelings. Talking about the "if onlys" is important to letting them go and releasing the guilt feelings. Sometimes it's helpful to explore gently where the "if onlys" lead. For example, asking, "What would you have said or done if you had been at the bedside?"

allows the person to explore unfinished business or other emotions.

If a person asks, "Why?" it is best to say, "I don't know why," or "There are so many things in life that can't be explained and this is one of them." It is a question without an answer. If you can't think of a response, don't be afraid to say, "I don't know what to say." You don't need to have an answer for every concern that's raised.

When a death occurs by a suicide, you may be able to help most by helping survivors to understand that taking one's own life is a complex decision and that it was the deceased person who made the choice and is responsible for the suicide—not the person's family or friends. A helpful comment might be, "The suicide was a decision he made. You did not make it. He must have felt it was the right choice."

Do not respond to a loss as though it is replaceable. Using public transportation is not the same as having and driving one's own car. Living in the home of a son or daughter or moving to a retirement home or care facility is not the same as the home in which a person has lived for many years. Getting another dog is not the same as the one which just died—no matter how much the new puppy may look like the dog that died. What we lose cannot be replaced, although a person may eventually find something to fill the gap created by the loss.

One word of caution: a loss can have varied meanings. One person may feel tremendous relief, while another experiencing a similar change may feel great sadness. The meaning of the loss to the person is more important than the actual loss—it's the meaning to which we need to respond.

Before you can truly validate a person's feelings, you need to know what these feelings are. Ask open-ended questions: "How are you doing?" "How are you finding living alone?" "How do you feel about no longer working?" Such open-ended questions can open the door to the expression of feelings. Avoid pre-conceived ideas about how a person is doing.

Provide continuing support

Grief often makes reaching out difficult. That is why "reaching in" is so important. It can prevent the older person from becoming isolated.

Family, friends, and neighbors can help the person in numerous ways to "get through each day." If, as a family, you are "miles away," consider making arrangements with a neighbor, a telephone reassurance program, or volunteer program to monitor regularly how your family member is doing. Important times for support are:

- After friends and relatives have left.
- Significant days and dates.
  - —Anniversary (1 month, 6 months, 1 year, 2 years, etc.) of the death
  - —Birthdays (survivor and deceased)
  - —Wedding anniversary

Simple Guidelines for Writing a Condolence Note

There is one type of correspondence that shouldn't be avoided—a condolence note. A handwritten note can be a sincere way to express sympathy. However, some people are uncomfortable when they sit down to write. Their minds are blank and they can't express themselves. Following are a few guidelines to help you write a note of condolence.

Be personal. Try to remember something special about the person who has died or about a memorable occasion you spent together, and when you're writing, be as specific as possible. For example, "I remember when I started my new job, I was so nervous, but Ann helped by inviting me to lunch on my first day. We laughed, talked and reminisced the entire hour. She was so caring, I'll never forget the many times she went the extra mile to help me through some tough times."

Be honest. Don't write a gushy note if you don't mean it or if you didn't know a person very well. Grief often heightens perceptions. That means the person may realize when you are insincere. "Our deepest sympathy is with you during your time of loss" may be appropriate for someone you know well, but not for a casual acquaintance. You can simply say you're sorry about the death. That's concise and honest.

Be yourself. Don't try to write in a poetic style, but rather use the same words you use in your everyday conversations. Also use first person to express your sentiment. For example, "I learned yesterday that your mother died. I'm sorry." There aren't any flowery words, and it isn't an extended sentence that rambles on.

A condolence note doesn't need to be long. A couple of sentences may be sufficient to express yourself. In closing, offer your help. That way the person who receives the note will know you're there for him. Finally, follow the note with a phone call. It's another way to say you care.

Adapted with permission from the Order of the Golden Rule, PO Box 3586, Springfield, IL 62708. Materials from The Golden Rule Leisure Digest, *Summer 1988 issue.*

—Holidays

—Any other days that were personally significant

—Weekends

—Evenings

It feels special to be remembered at these times. Support tends to taper off markedly after a few days or weeks following a significant loss. Yet that is when the loss may be felt the most intensely.

Continue to express support throughout the grieving process, not just immediately after the loss. Frequent written messages, telephone calls, and invitations that communicate "I'm thinking of you," and "I care," are helpful. As one widow said:

> *At first you are absolutely flooded with relatives and friends, flowers, kindness, and sympathy. And then people's lives take over. They haven't time to continually nurse you and be so sympathetic.*

Even if you don't hear about the death or loss until some time after it has occurred, it's never too late to make contact. A thoughtful note weeks or even months afterwards is meaningful.

Share your feelings

Speak from the heart. Expressing your sadness and sorrow about the loss experienced by a person can make the person feel understood and reduce the sense of isolation. Don't be afraid of tears—the other person's or your own. Crying together is okay. It's far better than forced cheerfulness, which makes the person feel he or she should not be grieving.

If you have had a similar experience, discuss your story only when asked or if the time feels right. Your sharing can provide validation; however, it's important to remember another person may not experience a loss—even if similar to yours—in the same way you experienced it. Acknowledge this, for example by saying, "I wonder if you feel like I did—lost and alone," or "You'll have your own feelings."

Offer specific help

Vague invitations such as "Call me when you feel like getting together," "Give me a call if I can help," or "Let me know if there's anything I can do" rarely get a response. If you wait for a call, usually nothing will happen. People who are grieving generally are too immobilized to initiate activities or to ask for help when they need it. Saying, "Can I come over on Thursday and bring dinner?" is a better approach. Do something rather than simply make an offer.

Invite the person to do something with you. Set a date. Try to think of the person's "down times." If you invite a grieving friend out to dinner and are refused, ask again later. When the person is ready to accept invitations, your invitation will be accepted.

The minds of people who are grieving often are too overloaded to think of ways others can help. Suggest that the person write needs on a list as they come to mind.

Identify specific tasks you and others can do. Examples include:

- preparing meals
- cleaning the house
- doing yard work
- providing transportation
- shopping for groceries
- running errands
- helping with letter writing

One man said:

> *I know I have to eat, but it's so hard to cook—especially since I seldom did before. The meals that were given to me made those first few weeks following my wife's death much easier.*

Do only the basics. Cleaning closets and rearranging furniture are intrusive and likely will be resented.

Give the person time

Great emotional investments are not easily made, nor are they easily lost. It takes time to separate oneself from a person who is no longer with us, or from other losses. Give the adjustment process the time it requires. Grief can be shared, but each person walks an individual path. Expecting unrealistic, rapid adjustment can cause depression and complicate the grieving. Expect slow, gradual improvement with occasional setbacks.

Encourage the person to postpone making major decisions, if at all possible, until after the period of acute grief. Decisions made during a time of emotional upheaval frequently are regretted later. Whatever can wait should wait.

Avoid giving advice

Advice suggests a standard of behavior to which a person is expected to measure up. It might be taken as a criticism. Avoid saying, "If I were you . . ." When people initially experience grief, they need empathy, not advice. Also, what worked for you may not be the best solution for another person. If advice is requested, consider phrasing suggestions along the lines of, "You might consider . . . "

Don't minimize the loss

Clichés, easy answers, and false reassurances are likely to be resented. They seldom are helpful or comforting and serve only to increase the distress. As one person said, "Telling a person 'time heals all wounds' is like telling a starving man he will eat—someday." Statements such as the following discount a person's feelings and should be avoided:

> "He had a good life."
> "You were so lucky to have had so many years together."
> "Things always work out for the best."
> "Everything will be all right,"
> "It's better now. She's no longer suffering and is at peace."
> "Feeling that way won't help a thing."
> "It could have been worse if . . ."

Telling a person, "You must be strong" is likely only to complicate grieving. To be told, "It's such a blessing she didn't suffer" doesn't feel like a blessing when you are longing for the person who died. Following the amputation of his leg because of diabetes, Tom said:

> *It seemed like everyone was saying to me, 'You're so lucky to be alive.' I did not feel lucky . . . I felt I would be better off dead. To me, losing my leg meant I was not going to be able to do so many of the things I used to do—wade in the stream to fish, walk with my buddies on the golf course and play tennis. I wanted to yell back, 'Do you think you would feel so lucky if it were you?'*

Attend to the feelings of the person. Try saying, "It must be very painful for you," or "It's okay to be angry." Such responses communicate understanding, acceptance, and respect.

Spiritual phrases such as, "It was God's will," "God needed a beautiful flower for his garden," or "All things have a purpose" can also provoke anger and frequently add torment to torment. Although you may gain strength from your spiritual beliefs, not everyone does; therefore, be careful not to press your beliefs on others.

Two of the worst things you can say to someone who has lost a pet are "It's just a dog" (cat, bird, etc.) and "Why don't you get another one?"

Do not attempt to tell the person how he or she feels. "You must be relieved that he is no longer in pain," and "I know just how you feel" are presumptuous. Because grief is so personal, you cannot know how another person is feeling. Even if you have had a loss similar to that of the person you are comforting, your feelings and that person's may not be the same. Such statements actually may discourage the person from opening up to you.

Know your limits as a helper

Know your personal limits regarding when and how you can help. Learn to recognize when your body and emotions are strained. If you find yourself being "pulled down" by a person's grief, feeling "at wit's end," or not knowing what to do, the person likely needs more assistance than you can provide.

Serious problems need the help of a professional. If the person is losing or gaining a significant amount of weight, spending days at a time in bed, becoming dependent on prescription medicines, or increasing his or her intake of alcohol, these are warning signals that what the person is experiencing has gone beyond normal grief.

Sometimes the best thing you can do is to say, "I don't know what to do to help you feel better, but I know someone who can help." Of course, this means knowing the professionals and other resources in your community who can help. You can make it easier by getting information and providing direct assistance, such as calling for an

appointment and taking the person to the appointment.

Recognize that it's not always easy to assist an older person to get professional help. For some older people, seeing a counselor represents a personal failure or weakness, a sign of losing one's mind or "going crazy."

If you answer "yes" to any of the following questions, the person may need more help than you can provide.

Yes	No		Yes	No	
❑	❑	Has the person withdrawn from people and activities?	❑	❑	Do you feel within yourself that things are not quite right with the person?
❑	❑	Does the person express feelings of being overwhelmed and unable to go on much longer?	❑	❑	Has the person's feelings of anger, sadness, or guilt only deepened over time?
❑	❑	Is the person engaging in self-destructive activities—drinking more, not taking medications, increasing use of drugs?	❑	❑	Does the person seem stuck in bitterness and living in the past?
❑	❑	Has the person expressed thoughts of suicide?	❑	❑	Does the person have low self-esteem and lack confidence in his or her ability to adjust?

SUMMARY

For emotional healing to occur following a loss, grieving is necessary. One of the most important actions you can take is to listen in supportive ways. Let the grieving person talk about his or her loss and feelings. The significance of a supportive friend is reflected in Chris' words:

> *Nothing takes the place of that one special friend, the person who will be there when needed; listen without judgment; encourage the expression of grief; ask the difficult questions and give honest feedback; and share the tears, laughter, and silence as the journey through grief is made. Such a friend not only makes the journey easier and more meaningful, but ensures that it is completed.*

As you reach out to help someone who is grieving, remember:

- No time limit can be put on the grief process.
- Each person's grief is unique.
- Grief involves a wide range of feelings and behaviors.
- Grieving is hard work. It can leave a person with little or no energy for anything else.
- A key to adjustment is experiencing the pain associated with the loss.
- The acute and stabbing pain loss creates does decrease; however, a sense of loss will likely always be present on some level.
- You can make a difference!

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You also may call Agricultural Communications at Oregon State University, (503) 737-2513, to learn the availability and current price of the publications.

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Alcohol Problems in Later Life by V.L. Schmall, C.L. Gobeli, and R.E. Stiehl. Pacific Northwest Extension publication 342, Oregon State University, Corvallis, Oregon, 1989. 75¢.

Coping With Your Loss and Grief by V.L. Schmall. Pacific Northwest Extension publication 438, Oregon State University, Corvallis, Oregon, 1993. $1.00.

Depression in Later Life by V.L. Schmall, L. Lawson, and R.E. Stiehl. Pacific Northwest Extension publication 347, Oregon State University, Corvallis, Oregon, 1992. $1.50.

Grief in Children by J. Hare. Pacific Northwest Extension publication 391, Oregon State University, Corvallis, Oregon, 1992. 75¢.

Using Medicine Safely in Later Life by V.L. Schmall. Pacific Northwest Extension publication 393, Oregon State University, Corvallis, Oregon, 1992. 75¢.

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